236. DATE

Martel

5/15/1982

Adams

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE A CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH HINOM 26. HOUR 1982 May 10th **BALTIMORE CITY OR COUNTY OF DEATH** Charles County 12b. KIND OF BUSINESS OR INDUSTRY Box 174 Aquasco Rd. Box Disso Marbray, Md. 20658 RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART JIO 206. IF YES, WERE FINDINGS SED IN CERTIFYING CAUSES OF DEATH? NO [(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE ond that in (my) (our) opinian death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 118 La Grange Ave, La Plata, Md. 20646 234. NAME OF CEMETERY OR CREMATORY STATE Waldorf St. Peters Ch. Cem. Chas.

DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE

REGISTRAR

230 BURIAL CREMATION, REMOVAL

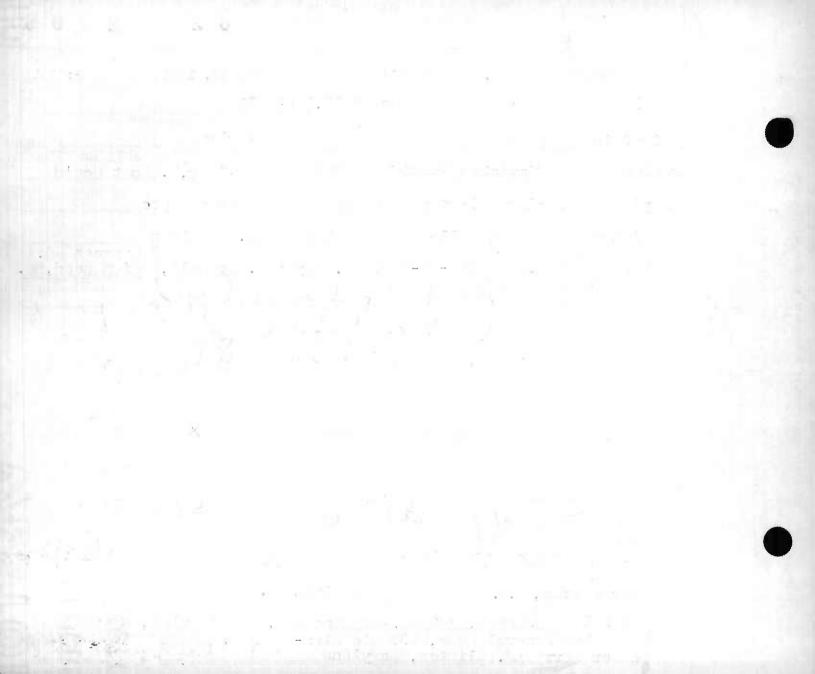
Burial

DECEASED NAME

(TYPE OR PRINT)

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/	1		STATE OF MARYLAND		
5	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 9 0 5
- 30.1	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
0	NOLAN	J. BRA	MELL	May 28, 1982	9:00 A M
	3 SEX	4 RACE	S DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
	WHXXX MALE	WHITE	August 17,1909	72 _{YRS.} "	MONTHS DAYS HOURS MIN
2 2 2	TR BIRTHPLACE (STATE OR FOREIGN COUNTRY)	The CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
un 7	Virginia	USA	WIDOWED DIVORCED	Charles	MD.
by the fur iled within	10 CITY OR TOWN OF DEATH La Plata	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Physicians Memor	ADDRESS	120 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING LIFE Welder . U . SG	
ا مواد ا	USUAL RESIDENCE # NURSING HOME OR 130 STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADM(SSION)	13e. STREET ADDRESS	ON C INCC G
filleo ould		rles Indian		Theresa Apts	
2 sh	14 FATHER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN NAM	ME	-19
ond in ple	Milton	Bramell	Emma	R. Rison	LAST
Poges	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUL			Cypress Rd.
	Yes WW	II 220-09-	0089 Mr. Wayne	H. Bramell Inc	dian Head Md.
physicia on papers emaval.	18 CAUSE OF DEATH (Enter on	y one couse per une for (a), (b) and	Iren ()	11 7	SETWEEN ONSET AND DEATH
ph by	PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (0) ACUAT	Cordine	outured-	
or recorded	4960	DUE TO ORIAS A CONSEQUE	NCE OF	1)
o o te	Conditions, if any, which	1 161 / was	with His	mun	1
by the cose remost, cremo	gove rise to immediate couse (a), stating the underlying couse last	DUE TO OR A CONSEQUE	Lauterloon	Delum	Diswe
signed Then ple to burio	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)
has been permit and prior prio	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	ying causes of death?
ronsit Hygie	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	
certific certific mol-tr entol t		HOUR A.M. MONTH DA	Y YEAR		
ا ه کفی وا	OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOT#Y MEDICAL EXAMINER) 21d. INJURY OCCURRED	21s PLACE OF INJURY	211 LOCATION		
After the os the lith and larked	WHILE ONOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC. STREET	CITY OR TOWN	COUNTY STATE
S Afr		ol) offended the deceased from	19 8	2, 10 5 28	19 82, that (I) (we) lost
CTO CTO of H of H	naw the deceased alive on above (D(we) (did) did not	view the blody offer death.	ond that in (my) our) opinion o	death accurred on the date and hour	ond from the couses stated
o hos ched ched lept	226 SHONATURE	1 1/1	DEGREE		22c. DATE SIGNED
ERAL D Se detoc	LANN	Jogm	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/28/25
TAN STAN	THE PHYSICIAN'S NAME (TYPE OR	PRINT)	22R ADDRESS		
retained by the should be det with the State	George Wather	M.D.	La Plata, Md	1.	100
5.5 = 4.3 ₹	22 DUDIAL COELLATION DELLOS		AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	BURIAL	June 1,1982 N	Md. Veterans Cem.	Cheltenham.	Maryland
DHMH-16 20M	NAME Lee FI	uneral Homes, 60	33 Old Alex 250. DATE	E REC'D. BY REGISTRAR 256. REGISTI	RARIESIGNATURE
(VRA 15, 4) 7/78	ander Ferr	v Rd. Clinton	Maryland	UN 3 1982 Pauce	as Stanfolishops



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	- STATE REGISTRA	R	MEI	DICAL EXAMI	NER'S	CERTIFICATE C	F DEATH	G. NO.		Serve
	1. DECEASED N			MIDDLE		LAST	20. DATE KNOV		DAY YEAR	26 HOUR
	(TYPE OR PRINT)			100			Or ESI			La HOOK
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# <u></u>	3. SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER I YR. IF UNDER	24 HRS. 2c. DATE MIN: PRONOUNCED	HINOM	DAY YEAR	2d HOUR
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A D A H D A		Plata		ians Memor		ospital	Dispatch	er	Retai	1 Ind
ORD NO	USUAL RESIDEN 130. STATE	ICE (IF IN NUMBER OF STATE		VE RESIDENCE BEFORE ADMI		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			1
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MD	FIRST		MIDDLE	Caldwe	7.7	FIRST	MIDDLE		LAST	
AN A		arles				Beulah			brigh	t
IM SS 1 S	160 WAS DECE	ASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR		17. INFORMANT		DRESS		1.0
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MO A SIT A S	7 0000	litions, if ony, which	DOL 10, OK	AS A CONSEQUENC						
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* AND TO		e (a) stating the <u>under-</u> cause lost.	DUE TO, OR	AS A CONSEQUENC	E OF					
HALL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECHAL MEDING". IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNIC PHENICAL EXAMINER ALONG WITH PORM PM 3. REFINED PAGE 5. FOR THE MEDICAL EXAMINER ALONG WITH PORM PM 3. REPOUND BE FILED. WITH PORT AND MENTAL HYGENEN, PAGES 1 AND 2. SHOULD BE FILED. WITH PAGE 1. AND MENTAL HYGENEN, DIVISION OF MEALTH AND MENTAL HYGENE, DIVISION OF MEALTH AND MENTAL HYGENEN, DIVISION OF MEMOYAL.	tying	couse lost.	(c)							
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DIA SELECTION	WHILE AT WOR	NOT WHILE &	STREET, FACT	FORY, FARM, ETC.)	Rt.	5 at \$5.	488	Ch	arles	Md.
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N HE S ON THE	22a. 1	certify that I tout char	e of the remains des	cribed above held or	Autop	sy X, Inspectio	n, Inquiry,	ond in my opir	поп	
SERCES!	death re	sulted from Natu	rol courses	Agrident X	Suicide	, Homicide	Undetermined manner			
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A T SOUTH W	ACTUAL SIGNATU	DE MAIN	mark) 1	West.		Denuty Ch	LOMEDICAL EXAMINER	DATE	5/28	3/82
2 E E E E E E	Jacon Maria	1	10-1	1				3131420		
15"30%	EXAMINE	R'S NAME The	omas D. Sn	nith, M.D.		ADDRESS III Pe	nn St. Bal	to., MD.		
DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNE ALL DIRECTOR: PAGE 3 SHOULD BE USED BALTIRODE MARTINE DEPARTMENT OF HE BALTIMORE MARTINE DEPARTMENT OF HE	(TYPE OR	1 11 11 11			FAIRTERY C	ADDRESS		· · · · · · · · · · · · · · · · · · ·		
► H O F ► 4 O	Burial	MATION, REMOVAL		23c. NAME OF C			Suitland	PG	Md	TATE
BP			lJune82		gton	National	Sultiand	PG	MO	
1904 DHMH-17	24. FUNERAR	Bert E.	Wilhelm.	C	2 30	2 PATE	REC'D BY REGISTRAR 456	REGISTRANS	MATURE	
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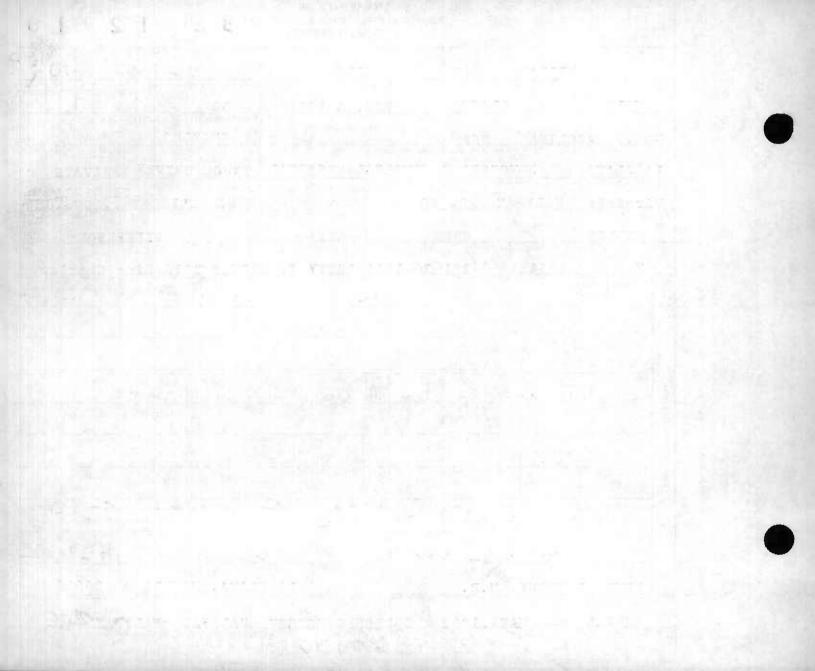
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	1.	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE 8	REG. NO.	12	9	10
d Carlon		CEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF D		NTH DAY	YEAR 2	HOUR _
of t	TIVP	E OR PRINT)	LARD	D	C	COLE		4-2	7-82		1015
	3 SE		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEAR		AY) IF UND		UNDER 24 HRS.
(m)		MALE	BLA	CK	FEE		50		YRS	DAYS	OURS MIN.
s.	7a. B	IRTHPLACE STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED		CITY OR C	OUNTY OF DE	EATH	
1/0		ORTH CAROLI	NA U	SA	WIDOWE		CHA	ARLES			ME
-	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OC			KIND OF E	SUSINESS OR
2		A PLATA	PHYSIC	IANS MEN	ORIA	L HOSPITAL	TRUCK			RIVA	CE
20	13a	STATE 136C	OUNTY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e. STREET AD	DRESS	VII	RGIN	ГА
20			ALIFAX	S. BOS	ron	YES X NO		DELIV			STON
10	14 17	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM		WIDDIE	7	LAST	
21		WILLIE		COLE		ETTA			WILKER	RSON	
2		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE	. ARMED FORCES? S. GIVE WAR OR DATES)	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
e		YES 19	52;1954	231-36-	1341	BETTY J. W	ARNER	2016	King	Char	les
E .		18 CAUSE OF DEATH (Enter PART), DEATH WAS CA	er anly ane cause pe				******			APPROXIMA BETWEEN ONS	TE INTERVAL
			DIATE CAUSE (a)	1 numer	Sup	Lo,					
	7	4860	DUE TO, O	OR ANA CONSEQUE	NCE OF						
5	1	Conditions, if any, which	((b)_	1 new	mo	ua					
5		gove rise to immediate cause (a), stating the	DUE TO, C	OR AS A CONSEQUE	NCE OF						
		underlying cause lost	(c)_					Marie L			
14.	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	RCONDITI	ION GIVEN IN	PART Ira	8 0.0
	CERTIFICATION	Deplu	mea 1	Caster	0 -4	ntestinal	121	1100	erry		
0,	CA	190 DATE OP OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPS		CERTIFYING		
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8 6		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O		DF INJURY L.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATUR	RE OF INJURY IN	ITEM 18 PART I OR	PART 2)	
Ten 7	S	(IF EITHER NOTIFY MEDICAL EXAM	DEATH	P.M.	19						
/	MEDICAL	21d. INJURY OCCURRED		OF INJURY	ARM FIC \	211 LOCATION STREET	(CITY OR TOWN	со	UNIY	STATE
	<	AT WORK AT WORK					THE STATE				
		22a.1 certify that (1) (this h			. 3	2.4 19 82	, ta	-7-			t(1)(we) lost
2		saw the deceased alive abave (1) we) (did) (di	d nat) view the bad	v after death.	. L , or	nd that in my (our) opinion o	death accurred o	on the date o	and hour ond f	rom the cau	ises stated
hem Hem		22b. SIGNATURE		0 1	-11-	DEGREE		- 1	22	c. DATE SIC	SNED
		L	my of 1	Dunk	NO	ATTENDING PHYSICIAN N	MEDICAL DIRECTOR [STAFF	VD (4-17	-82_
Z		224 PHYSICIAN'S NAME (T	YPE OR PRINT)	ALC:		22e ADDRESS					
200		HENRY L BU	RKE, M.	D.		LA P	PLATA,	MARY	LAND	2064	6
	73a 1	SURIAL CREMATION, REMO	VAL 23h DATE	23 ₁ N	IAME OF C	EMETERY OR CREMATORY	234 LOCATE				Cathorne
_		BURIAL	MAY4.	1982 0	HURC	H GEMETERY	HALIE		HALTRA	X Xt	Then
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STATE OF MARYLAND



Arehart Funeral Home, Inc., La Plata, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1.1982 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR YRS

Charles

7h HOUR

12b. KIND OF BUSINESS OR

So.Md.Realty

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

Md.

Neuman

INDUSTRY

IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

20646

YES [

2:30 am

The Party of the P Paryland Unarles 'ta Plats ' X dolor Park Annual de la company de la com res - and - -36- Finana -ario Cramor, La Plata, Pr. 206 W Sucial Office Erlaity be sarders valder Unartes 188.

	STATE OF MARYLAND		
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH	2	I

REGISTRAR		CERTIFI	CATE OF DEA	in	REG. N	0		1003
1. DECEASED NAME FIRST	MIDDLE	LA:	ST	20 D	ATE OF DEATH	MONTH	DAY YEAR	2h HQUR
(TYPE OR PRINT) WINF	red Hoo	ver EA	TON		5-6	5-80	2	525 P
3. SEX	4 RACE Whit	5 DATE OF	DAY	YEAR	E (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.C.	76. CITIZEN OF WHAT COU	INTRY? 8	NEVER MAR	PRIED 7. BA	Charles	_	Y OF DEATH	M
La Plata	PROTEST CHAR				USUAL OCCUPATION WORK FOR MOST CO			GOV 1
USUAL RESIDENCE (IF NURSING HOME OF 13th COU			13d. INSIDE CITY YES NO	LIMITS? 13e. S	STREET ADDRESS	ox 45	55-A	
14 FATHER'S NAME FIRST Merle E	Eaton	AST	15. MOTHER'S MA	nm a	J IDDLE	. 14	Gilro	ΰy
	IVE WAR OR DATES)	-26-6967	Norma	I. Eat	ADDRE		13	
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Chemoto III III III III III III III III III	19b. CONDITION FOR	WHICH OPERATION	WAS PERFORMI	ED 200	a. AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES ES	
AS STATE OF THE ST		19	21c HOW INJUR	Y OCCURRED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)	
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,		STREET		CITY OR TO	wn	COUNTY	STATE
22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did n	n HPRIL 25	1 07-	ARCH, 1 I that in (my) (out		occurred on the de	ote and hou		that (I) (we) lost
22b. SIGNATURE	de la foz	/ M-J	ATTE PHY	NDING DE	DICAL STAI	FF CIAN []	22c. DATE 5-0	SIGNED
22d. PHYSICIAN'S NAME (TYPE AURELIO	C-DE LA	PAZ MD	P.O. B	ox 1230	LA PA	ATA.	HD.	DOLKE

23c. NAME OF CEMETERY OR CREMATORY

Trinity Mem. Gardens

DHMH-16 30M 2/80 (VRA 15, 4) 23a. BURIAL, CREMATION, REMOVAL BURIAL

24 FUNERAL DIRECTOR
Huntt Funeral Home, Waldorf, Maryland

5-10-82

23b. DATE

atory 23d. Location charges, Md. 25d. Date REC'D. By REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

	1 - STATE REGISTRAR				ICATE OF DEATH	REG. NO.	2913
	1 DECEASED NAME	FIRST	WIDDLE	THE PERSON	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(THE ON PRINT)	Harold	1 N/M/I	W Garre	tt	May 7.1982	1.40P M
	3 SEX	4.	RACE	5 DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	Male	130	White		e 20,1916	65 YRS	
7	To BIRTHPLACE (STATE C	OR FOREIGN 76.	CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
1	South Car	olina	U.S.			Char	rles MD.
-	10 CITY OR TOWN OF D	EATH 11	. NAME OF HOSPIT		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1	La Plata	P	hysician	ns Memori	al Hospital	Truck Driver	
4	AUSUAL RESIDENCE (IF NI.	ISING HOME OR OTH		SIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
	Md.	Char		Plata	YES NO		38-A
	14 FATHER'S NAME	MID	DIE	LAST	15 MOTHER'S MAIDEN NA	ME	LAST
	John W.	Garre	tti		Sally	***************************************	Watson
	160 WAS DECEASED EVE	R IN U.S. ARME		OCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
1	NO			9-05-0207	Regina Gar	rett same a	as #13
	18 CAUSE OF DEA PART I. DEATH	WAS CAUSED B		espirat	tony fai	lure.	BETWEEN DRIGHT AND SKATH
	Conditions, if or		DUE TO, OR AS A	consequence of	rie diman	ogliva	
	gave rise to in couse (a), sta underlying cou		DUE TO, OR AS A	CONSEQUENCE OF	Cancer	oglung.	
	PART 2 OTHER SH	GNIFICANT COI	nditions <u>contri</u> e	BUTING TO DE ATH BUT	NOT RELATED TO THE TERM	NINA BEASE OR CONDITION C	GIVEN IN PART 110

OPERATION 8 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

saw the deceased alive an,

21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M.

21e PLACE OF INJURY

5-10-82

MONTH DAY YEAR P.M

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

ION FOR WHICH OPERATION WAS PERFORMED

21f. LOCATION

CITY OR TOWN

20e AUTOPSY?

COUNTY

YES |

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

above, (1) (we) (did) (did not) view the 226 SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

220.1 certify that (1) (this haspital) attended the deceased from

22e ADDRESS

Mem.

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

in (my) (our) opinian death accurred on the date and hour and fram the causes stated

22c. DATE SIGNED

Nirendra A.

Burial

Bhaduri M.D 236 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY)

231 NAME OF CEMETERY OR CREMATORY

Waldorf, Md 23d LOCATION

Waldorf Charles Maryland

24 FUNERAL DIRECTOR

CERTIFICAT

MEDICAL

Arehart Funeral Home

La Plata, Md.

Garden

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

2000 Male white June 0.1916 = 58 Term Trucking to Truck in Trucking Co Md. Chacles Ca Plata X Mt. 131 Box 38-A John W. Beirettt Eally Walton Jo STD-07-0207 Regina Gargett sate at MT3 The transfer death of the wife May 6 12 25 12 25 May 7 THE STATE OF THE PARTY OF THE STATE OF THE S Sucial S-10-82 Trinity Nem. Garden Waldorf Charles Maryland Account Funeral Home - Ca Clata, Nd. - Tg you can we

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT) WILLIA	M Robert	GOLDSMITH, SI	20 DATE OF DEATH MONTH DA May 5,1982	25 HOUR 9:30 PM
	3. SEX Male	Caucasian	5. DATE OF BIRTH MONTH DAY MArch 28 1927	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER LYEAR IF UNDER 24 HRS DNIHS DATS HOURS MIN.
5	LA BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY C	
2	La Plata.	Physicians Me	emorial Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Carpenter	126. KIND OF BUSINESS OR INDUSTRY U.S. Govt.
5		R OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) NN 13d. INSIDE CITY LIMITS?	Rt. 5, Box 22	
20	James	H. Goldsmit	h Rosa	WIDDLE	ldsmith
2		VE WAR OR DATES)	-4367Dorothy B.	ADDRESS	
	PART I. DEATH WAS CAUSI	nly one couse per line for (0), (b), o ED BY: .TE CAUSE (0) CARDI	OPULMONARY 1	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	5/84 Conditions, if ony, which		JENCE OF ACUTE PU		4
	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	V IN PART 1:0

190 DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY

21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM ETC)

211 LOCATION

22e ADDRESS

CITY OF TOWN

20a AUTOPSY?

COUNTY

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE MEDICAL

M.D Ramakrishna

5-8-82

Waldorf, Md 20601

23¢ NAME OF CEMETERY OR CREMATORY Trinity Memorial Gons. Waldorf, Chas. Md.

PHYSICIAN DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

Burial

21d INJURY OCCURRED

NOT WHILE

CERTIFICATION

MEDICAL

marked or Item 18 shav

MPORTANT: If Item 21 is

BY REGISTRATE REGISTRATES SOMETURE rance Huntt Funeral Home, Waldorf, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

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15M 2/80

STATE OF MARYLAND

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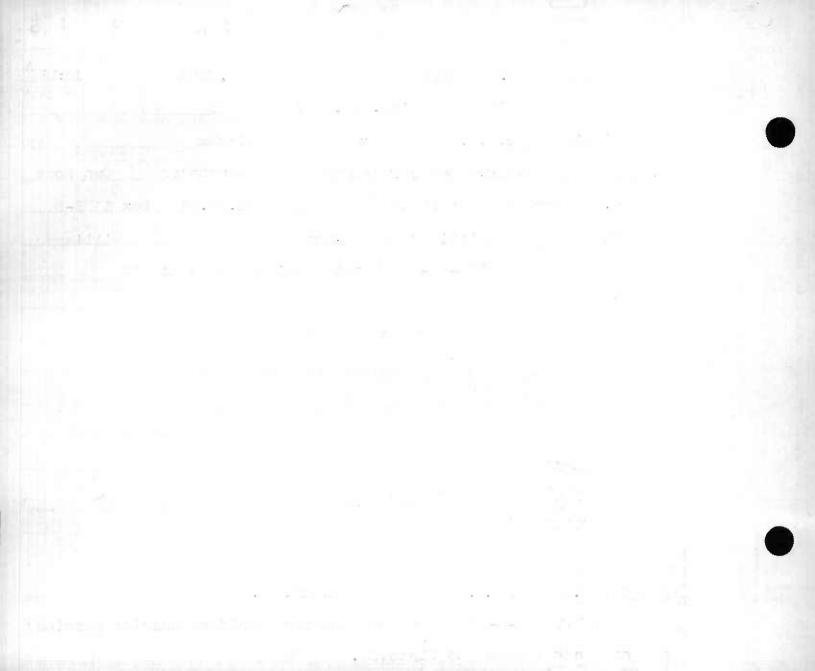
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Arenert runeral Home La Plata, Maryland

3	L	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	12916
200		DECEASED NAME FIRST YPE OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Aug		Nadine	Mae Grime	es	May 6, 1982	10:15
EXM(I)	3 :	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	L	Female	White	Aug. 28,1916		rs.
72 m	/	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	76 CITIZEN OF WHAT COUNTRY	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐		UNTY OF DEATH
led with	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OF
B 80	4	La Plata	Physicians Memo		Homemaker	
pe ad	7 13	UAL RESIDENCE IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	130. STREET ADDRESS	
ould	5		arles La Pl		St.Rt.#1	Box 1183-B
2 sh	14.	FATHER'S NAME	•	15 MOTHER'S MAIDEN N	AME	
Duo Dex		Walter	William William	Anna Anna	BJDDIE	Williams
	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	WIIIIAMS
Poges I		(YES, NO OR UNKNOWN) JIF YES, G	IVE WAR OR DATES)	9523 Walter Gri	mes same as	#13
n please remove carban burial, cremation, ar rem ry, ar ather traumatic eve		Conditions, if ony, which gove rise to immediate couse (D), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	only one couse per lyne for such 1, o SED BY ATE CAUSE (0) OUT TO THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONTRIBUTING TO	ETIC KETDAL	SCULAR ACCIDE BRAIN DEATH I DOSS	(,
been sig	CEPTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	ABETES HOPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
perit berr	1			Management of the control of the con	YES IN NOTE IN C	ERTIFYING CAUSES OF DEATH?
entol Hygie tem 18 sho	_d00	OR CONTRACTOR CAUSE OF D	LAIN	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	
A the	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
ono	2	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	CITY OR TOWN	COUNTY STATE
of Health		22a I certify that (I) (this has sow the deceased alive a	pitol) attended the deceased from	ond that in (my) (ever) opinion	n death occurred on the date on	d hour and from the couses stated
State Dept. ANT: If Item		22b. SIGNATURE	5 Enust		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
Should be defined that the State MPORTANT:	1	224. PHYSICIAN'S NAME	Bry	22e ADDRESS		
should be with the S IMPORTA		Sanjeeb K. Mi	Ishra, M.D.	Waldorf.	Md.	
73 ≦	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY		COUNTY STATE
		Burial		akland Cemetery		arles Maryland
H-16 20M	24	FUNERAL DIRECTOR	ADDRESS		ATE REC'D. BY REGISTRAR 255 RE	EGISTRAP'S SIGNATURE
15, 4) 7/78	A	rehart Funer		Lata, Md.	Y 1 1 1982 Ann	We die



4		FOR STATE REGISTRAR		MI		T OF HEALT	MARYLAND H AND MENTAL ! CERTIFICATE (HYGIENE OF DEAT	116	1 2	9	1	7
	1. DE	CEASED NAME	FIRST		MIDDLE	WILLIAEK 3	LAST		DATE KNOWN		DAY	YEAR	at HOUR
w , , , o ,	(TY	PE OR PRINT)	Dav	id	Scatt		Keesee	20	OF ESTI- DEATH MATED				26 HOUR
PLEASE RECTOR. R FILES. HOURS STREET,	3. SE	(141	RACE	5. DATE OF BIRTH	Scott	E (IN YEARS IF U		D 24 HDS 24	. DATE	MONTH	DAY	19 82 YEAR	A 2d HOUR
ST ST ST	1	male	white	MONTH DAY	1965 1°	ST BIRTHDAY) MON		MIN. PR	ONOUNCED DEAD	5	12	19 82	2:05
3 5 51	7a. B	RTHPLACE (STATE	OR	76. CITIZEN OF W	VHAT COUNTRY?	9	RIED NEVER MARK	9.	BALTIMORE CITY				PM
	1	Maryla	nd	11.5	5.A.	WIDO			Cha	rles			
SHEET STAN	10. C	TY OR TOWN OF	DEATH	11. NAME OF HO	SPITAL, NURSING	HOME, OR OT	HER INSTITUTION	12a. USUA	LOCCUPATION (TYPE OF WORK	12b. Kit	ND OF BU	SINESS
DELAY IS 3 TO THE IN PAGE O BE FILED RDS, 201	1	A PLATA			facility, give street at		Hospital		st of working life)		Hi	R INDUSTR	
ST., BALTIMORE, MD. 21201 JURS AFTER DEATH. IF ANY DELAY 18. GIVE PAGES 1, 2, AND 3 TO TI S. WITH FORM PM 3. RETAIN PAR MIT. PAGES 1 AND 2 SHOULD BE FI E. DIVISION OF VITAL RECORDS, 2	USU			ROTHER INSTITUTION, O	GIVE RESIDENCE BEFORE	ADMISSION)					LHI	911_5	ch.
ANY AND 3 AND 4 AND 4 AN	130. 5	Md.	13b. COUNT	rles	13c. CITY OR TO	come	YES NO X	13e. STREE	x 17				
H. F. 72, 73, 73, 73, 74, 75, 75, 75, 75, 75, 75, 75, 75, 75, 75	. 14. F.	ATHER'S NAME	T CHO			JOINE	15. MOTHER'S MAID						
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S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN IVISION OF	16e. \	Willar VAS DECEASED E	VER IN U.S. ARA	Keesee,	166 SOCIALSI	ECURITY NO.	Verna 17. INFORMANT		ADDRE	SS	Pur	cell	
SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN	- tx	ES, NO, OR UNKNOWN	(IF YES, GIVE Y	VAR OR DATES)		2-0450		7 1/					440
PA PA	H	NO In CAUSE OF D	EATH /F A	4:			Willard	L. K	eesee, S	r.	same		#13
24 HOUR ITEM 18. LONG W PERMIT. GIENE, DI		PART I DEATI	H WAS CAUSED	RY.	e for (a), (b), and						BETV	PPROXIMATE VEEN ONSET	AND DEATH
ON THE HEAVEN		9 1-1-	IMMEDIAT		shot wour		est	WEAPO	N: Rifl	<u>e</u>	-		
PRESTO THIN 24 LER ALO ANSIT PE AL HYGII		100	if any, which	DUE TO, O	R AS A CONSEOU	IENCE OF							
E P S S S S S S S S S S S S S S S S S S	-	gove rise	ta immediate	(b)									14 16
OF TANK		cause (a) sta lying cause l	iting the under-	DUE TO, O	R AS A CONSEOU	ENCE OF				1			
OPERE				(c)									
EXECUTE THE CERTIFICATE, WRITING THE WORD. PENDING IN PENCIL IN THEM IS PAGE 4 SHOULD BE FOWARDED TO THE CHIEF MEDICAL EXAMINER ALONG V TO FUNKTAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTNER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO DEAT	N BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	ART I (a).					
- CREAL	CERTIFICATION	190. DATE OF OP	EDATION	Ties COND	UTION FOR WILLO	- OPERATIONIN	VAS PERFORMED?						
SEE AL	2	I THE DATE OF OF	LIVATION	148. COND	ITION FOR WHICH	OPERATION V	VAS PERFORMED?				20 A	UTOPSY?	
50 H 5 H 5	Ē	210. EXTERNAL C	AUGEWAG	1011 71145		T.						res 🗌	NO X
2145 E		UNDERLYING		HOUR A.	M. MONTH DAY	YEAR 21c. H	IOW INJURY OCCURRE	ED (ENTER NAT	URE OF INJURY IN ITEM	IS PART 1 OR PA	ART 2)		
SEA SE	MEDICAL	CONTRIBUTING	CAUSE OF D	EATH 12 . 50	M. 5/12	19 S	elf inflic	ted wo	und				
3S DEP	9	21d. INJURY OCC		TTE PEACE STREET, FAC	OF INJURY (AT H		OCATION STREET		ITY OR TOWN	CC	MINTY		STATE
A TE S	1		T WORK	diri	t road	Wi	ndmillPtRd	,Welco	me, Chas	.Count	ty,	MD	JIAIL
R: P.			nat I taok charle	ol the remains de	scribed abave, hel	ld an Autai	psy . Inspectio		Inquiry XX				
A STEEN		death resulted f	/	al causes .	A. D	Λ		_	-	ond in my a _l	pinion		
REC BE		death resulted t	rom: Noture	al couses,	19 dent	Suk de X	•	Undetern	nined manner	1.			
₩ # # # # # # # # # # # # # # # # # # #		ACTUAL	LV	10 DAM	M Jan	-	TITLE (SPECIFY)	-£		DATE		E /10	100
A SET		SIGNATURE		Al Doing	TU NW	Why A	<u>ADDeputyChi</u>	et MEDICA	AL EXAMINER	SIGNI	ED	5/13/	82
WO S D A S D S D S D S D S D S D S D S D S		EXAMINER'S NA	ME	TI 5			111 0						
A SECON		(TYPE OR PRINT)			. Smith.		ADDRESS 11 Pe			o.MD	2120		
-05 × 49	23a.B	JRIAL, CREMATIO	N, REMOVAL 23	b. DATE			OR CREMATORY	23d. LOCA	ATION	cou	INTY	STA	.TE
P		Buri		-15-82	Trin	ity Me	m. Garden	n Wal	dorf Ch	arle	S Ma		
DHMH - 17	24. F	NERAL DIRECTO	R	ADDRES	S		25a. DATE	REC'D. BY RE	GISTRAR 25b. R	STRARS	GNATI	2	
A15 ME (5)) 5M 2/80		Arehart	Funer			lata, N	1d. M	AT T 8	1982 4	lagich	distan	Man V	-
13M 27 0U													

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Surtal Teller Inling her. Greim widerf Charles Haryland

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND

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6	1.	FOR - STATE REGISTRAR			DEPARTM	ENT OF HEALT CERTIFICA	MARYLAND H AND MENTAL TE OF DEATH	HYGIENE &	3 2 REG.	NO.	2	9	2	0
		CEASED NAME FIR		WIDDLE		LAST		20. DA	E OF DEATH		DAY		2b. HOL	JR
y be				nest		Owi				May	7,	1982	11	:39,
m 4 (1)	3. SE	x Male	4. RACE	White		June	DAY VEAD		(IN YEARS LAST (MONTHS	R I YEAR DAYS	IF UNDER	MIN.
Pog 4	I B	RTHPLACE (STATE OR FOREIG		N OF WHAT C	OUNTRY?			9 BALT	MORE CITY	OR COUNT	LY OF DE	ATH		
death. Page uretal direction of the principle of the prin		ARYLAND		5.A.		MARRIED WIDOWED	NEVER MARRIED DIVORCED		arles	<u> </u>				MD.
offer of the transfer of the t	12	ITY OR TOWN OF DEATH	(IF NO	IN SUCH FACILITY,		DORESS)	norial	TYPE OF	WORK FOR MOST	OF WORKING	UFE) IND	KIND OF DUSTRY VSUF		
filled in hauld be	130. S	ZI TIVILD	COUNTY Mai	13c. CITY	YORTOWN	ICVIL 13d.		RT	eet address 4 BC	X 21	.5			
mpletely and 2 s		ATHER'S NAME FIRST ERNEST	WIDDLE	0	WING:		NOTHER'S MAIDEN BERTIE	NAME	MIDDLE	Y	OUN	GE R		
and cam Pages 1 an	Ióo V	VAS DECEASED EVER IN U	S. ARMED FORG	ES? 166 SO	CIAL SECUR	17. II	NFORMANT BETTY S	PARKS			me HTE		.3	
that the death certificate by the attending physici lease remove carbon paper ial, crematian, ar removal. or attender traumatic event, the		18 CAUSE OF DEATH (En PART I. DEATH WAS COMMITTED IN MANAGED IN MA	AUSED BY: EDIATE CAUSE DUE: ch te he DUE:		ONSEQUE	rollar ar	e av	eler	ou,	ĵ	8	APPROXIMET WEEN O	MATE INTE	RVAL DEATH
nn. he law requires nn. has been signe it permit. Then pi en priar I hen pi aws any injury, s	CERTIFICATION	PART 2. OTHER SIGNIFIC	. 19b. C	ONDITION FO	OR WHICH (DPERATION WA	S PERFORMED	200 / YES	NUTOPSY?	20b. IF YE	ES, WERE	FINDING CAUSES (GS USE	TH?
HYSICIA nding ph nis certifi burial-ti Mental ar Item	MEDICAL CE	21a, ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 21d, INJURY OCCURRED	OF DEATH HOU AMINER) 21e. P	IME OF INJURY JR A.M. MO P.M. LACE OF INJUR	NTH DA	Y YEAR 19 211.	HOW INJURY OCC	CURRED (ENT	ER NATURE OF IN.			PART 2)		STATE
DING Ph or after After th se as the catth and marked i	×	WHILE NOT WHILE [AT WORK 220.1 certify that (I) (this		ME, STREET, FACTO		196	5 10	ta	5/7/	K 2	10		hat (1) ((we) last
R ATTEN hospital IRECTOR: hed for us Hed for us Hem 21 is		sow the deceased ali abave, (I) (we) (did) (ve on5/	4182	19_		t in (my) (our) apir	nion death oc	urred on he	date and ha				
		226. SCONATURE	Tule	adee	4	DEGR	EE ATTENDIN PHYSICIAI	G MEDIC	AL ST.	AFF		May		
TO HOSPITAL C retained by the TO FUNERAL D should be detac with the State D IMPORTANT: If		Joseph H		leau		22 e.	ADDRESS 3112 Ala	/		Washi	ingto	on, I).C.	
P P S ≥ S ≥ S ≥ S ≥ S ≥ S ≥ S ≥ S ≥ S ≥	23a. B	SURIAL, CREMATION, REMO SPECIFY) BURIAL		TE 10/82			ERY OR CREMATO		OCATION SULTIL					
		Dert Wilhe						AV REC'D	BY REGISTRA	R 25K REGIS	TRAR'S	IGNAT)	IRE	

Maria State, Rocket

ARYLAND 21201
BALTIMORE, M
PRESTON ST.,
ECORDS, 201 W.
OF VITAL RECC
DIVISION

		FOR STATE REGISTRAR			HEALTH AND MENTAL H	RE	G. NO.	2	721
1	DEC	EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEA		OAY YEAR	2h. HOUR
			cent		Proctor		3, 198		12:30
3	SEX		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LA	ST BIRTHOAY)	MONTHS OAY	
9 7	e BIE	Male THPLACE (STATE OR FOREIGN	Black 76 CITIZEN OF WHAT COUN	JTPV2 1	- 3- 1894	88 9 BALTIMORE CI	YRS.	V OF DEATH	
2 K	CC	rvland	U.S.A	MARRI	ED NEVERMARRIED C	Ch and	es Cour		
1 0	0 CI	Y OR TOWN OF DEATH Plata	11. NAME OF HOSPITAL, N	URSING HOME		12e USUAL OCCL	PATION	12b. KIND	OF BUSINESS
0 1	JSUA Ja S	L RESIDENCE (IF NURSING HOME TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 13(, CITY OF	E BEFORE ADMISSION	134 INSIDE CITY LIMITS?		, Waldo	rf,Md	20601
		HER'S NAME	MIDDLE LAS	ī	IS MOTHER'S MAIDEN N	AME		73 (
80		James	Proc	tor	Catherer	1e		Bul	ter
medical		AS DECEASED EVER IN U.S. A s, NO OR UNKNOWN} (16 YES, G	IVE WAR OR OATES!	6-9200	Lauria Wa		t. Cp.	Heigh	
		IL CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	anly ane cause per line for (a), (bi, and ici		-		APPRO BETWEE	OXIMATE INTERVAL IN ONSET AND DEAT
froumofic event,			ATE CAUSE (a) DUE TO, OR AS A CON		posarcom	0			
	1	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying cause last	(b) DUE TO, OR AS A CON:	SEQUENCE OF					V
injury, or	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	G TO DEATH BU	NOT REVATED TO THE JE	RMINAL DISEASE OR	CONDITION GI	VEN IN PART	1(0)
9	CERTIFICATION	% DATE OF OPERATION	CONDITION FOR W	HICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINE FYING CAUS	DINGS USED ES OF DEATH? NO
		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	BEATH HOUR A.M. MONTE	H DAY YEAR	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE O	F INJURY IN ITEM 18,	PART 1 OR PART 2	1
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY	DRTOWN	COUNTY	STATE
21 is morked		sow the deceased alive of obove ((1) we) (did) did	pitol) ottended the deceosed on 5-18 o		nd that in (my) (aur) apinio	on death occurred on	he date and ha		_
± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±		226. SIGNATURE	Buche ne	7		MEDICAL DIRECTOR PH	STAFF HYSICIAN [TE SIGNED
MPOKIANI		Henry Burk				vert & Ho	oward 3		Box 591
_ [B	urial, cremation, remova urial	5-24-82		Hill Gard	ens clint	on F	· Gr	Md
OM 7/7B	M	NERAL DIRECTOR NAME TATEL	us apris	300)	/	AY 2 5 1982	1.	TRAR'S SIGN	ATURE TO SERVICE

2031 -- -TORREST AND ASSESSMENT OF THE STREET ASSESSMENT ASSESSM Article and the second of the

	1					STAT	E OF MARYLAND							
1	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	2 REG. NO	1	2	9	2	2
19	1. DECEASED NAME (TYPE OR PRINT)			1AST					DEATH A	HTMOA	DAY Y	EAR	26 HOL	JR
1			DITH	H Elizabeth R			ANKIN	MAY	1, 1	982			12:	: 18AP
	3. SEX FEMALE 70. BIRTHPLACE (STATE OR FOREIGN						OF BIRTH	6. AGE (IN Y	EARS LAST BIRTH	IDAY)	IF UNDER		IF UNDER	
				WHITE		Feb		60 YRS.						MIN.
175	COUNTRY) Pennsylvania			U.S	WHAT COUNTRY?	MARRIE WIDOWE	DIVORCED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH CHARLES					MD	
2 Specified	10. C	A PLATA	TH 1	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, SIVE STREET ADDRESS) PHYSICIANS MEMORIA			AL HOSPITAL	12a. USUAL OCCUPATION 17PE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY 10bn Home						ESSOR
35				136. CITY OR TOW Waldorf	N	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Rt. #1 Box 309-E							
hine	14 F.	FATHER'S NAME FIRST		DDLE	LAST		15. MOTHER'S MAIDEN NAME							-4.7
OC C		loah W		Brown			Francis	Anna Wentz						
medico		(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES			17. INFORMANT	was P	ADDRES		me s		in	0 1
the	-	N/A \$6207-12-7221 Clinton Wayne Rankin Same as Line 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT												
ent,		PART I. DEATH WAS CAUSED BY:												
ic ev	The state of the s										-			
OE.														
Conditions, if ony, which gove rise to immediate														
or other troumptic		cause (a), stating underlying couse	last.	DUE TO, OR AS A CONSEQUENCE OF										
injury, or	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONE	DITION FOR WHICH	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO X					TH?		
MPORTANT: If Item 21 is marked or Item 18 shows ony		216. ACCIDENT WAS UNDERLYING									RT 2)			
orked or I	MEDICAL	21d INJURY OCCURR WHILE AT WORK AT WOR	HILE I AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY							5	STATE			
21 is mo		270 I certify that (I) (this haspital) attended the deceased from 19 2, ta 19 3, ta 19 4, that (I) (we) lost sow the deceased alive an 19 3, and that in (my) (bur) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death												
hen		22b. SIGNATURE					DEGREE			22c. DATE SIGNED				
± z-		22d. PHYSICIAN'S NA	1-506	edrugy			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN			5-1-82			
PORTA					RISHNA.N	(. D	22e. ADDRESS	WAT.D	ORF,	MAR	YT.AN	ID	2.0	601
₹		BURIAL, CREMATION, F		23b. DATE			EMETERY OR CREMATORY	23d. LOCA	TION	11111				
		Burial		5-5-	B2 Aug	gusta	Mem. Park	Wayr	1esbo	ro A	LUGUE	ta	Va	STATE

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24 FUNERAL DIRECTOR

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Home Waldorf, Funeral Maryland 250. DATE REC'D.

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						STAT	E OF MARYLAND		-23				
	1.	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 2 9 2 4									
		REGISTRAR		CERTIFICATE OF DEATH REG. NO.									
	1. DECEASED NAME FIRST				MIDDLE		LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
	(TABE	E OR PRINT)	Alois 0		scar STA		LLMAN		5 7	7 82 556			
	3. SE	X		4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BE	_	FUNDER I YEAR			
	1	MALE			AU.	Jui	ne 24, 1915	66	YRS.	ONTHS DAYS	HOURS MIN.		
d		IRTHPLACE (STATE OR I	OREIGN	U.S.	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF					
		ITY OR TOWN OF DEA	TH				OR OTHER INSTITUTION	120 USUAL OCCUPATION CYPE OF TORK FOR POST OF WORKING LIFE INDUSTRY OF BUSINESS O					
id	10.	A PLATA			tetans "		HOSPITAL						
E	M	AL RESIDENCE (IF NURS STATE D.	136 COUNT	TY LES	13c. CITY OF TOW	F	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	ane	Box	91		
1	14. FA	ATHER'S NAME	N	AIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		-6			
57		Jacob	100	51	tallman		Berthe	dauer					
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRI					
		163	ww	303-28-24			Agnes E. S	ame e	as 13				
		18. CAUSE OF DEATH lEnter only one couse per line for (o), (b), ond ic PART I. DEATH WAS CAUSED BY								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		IMMEDIATE CAUSE (0) (ardi opulmonery avosos)											
		1319 DUE TO, OR AS A CONSEQUENCE OF											
	Conditions, if ony, which (b) Carcinona spontice.												
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
		underlying couse	lost	((c)									
	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	Į į	보다 :											
7	CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED 200 AUTOPSY? 206. I			FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO			
X,	TIE			9 8 6				YES NO					
0													
7	CAL												
-	MEDICAL	716 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN								COUNTY STATE			
	>	AT WORK AT WOR	ILE .	(AT HOME STA	EET, PACTORY, OFFICE PA	ARM EIC]	311001		COUNTY STATE				
		270.1 certify that (1) (this hospital) attended the deceased from 4-94-1974, to 5-7-1987 that (1) (we) loss											
		sow the deceased alive on 4-22-19-82, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.											
		276. SIGNATURE DEGREE									77c. DATE SIGNED		
			WON	att		1	ATTENDING PHYSICIAN	MEDICAL STAI	5-7-82				
1		22d. PHYSICIAN'S NA	PRINT)	77e ADDRESS			The state of the s						
		G.S. R	ATH				WALDORF,	MD. 2060					
		URIAL, CREMATION,	REMOVAL	236. DATE	73c. N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
	B	irial		5-10-			ter's Cem.	Waldorf	. Cha	rles,	Md.		
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HUNTT FUNERAL HOME, WALDORF, MD. 20601

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO KNOWN XX . DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 5-12-82 FRANK WELCH RAY 4. RACE SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED male white -12-82 DEAD 5-25-1965 16 YRS WITHIN GIVE PAGES 1, 2, AND 3 TO THE FUNERAL VITH FORM PM 3. RETAIN PAGE 5 FOR Y PAGES 1 AND 2 SHOULD BE FILED, WITHIN To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Charles County WIDOWED DIVORCED Washington.D.C EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 TO **THE CHIEF MEDICAL** EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FARTEN PAGE 1 AND 2 SHOULD BE DISEOVED BE FILED. WASTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. BALTIMORE, MARYLAND, 21201 PRIÇK TO BURIAL, CREMATION, OR REMOVAL. 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Plata Physicians Memorial Hospital Student High Sch USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO X Md Charles Bryans Road YES 🗌 Box 168 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 M PM 3 MIDDLE LAST FIRST MIDDLE LAST Welch Brenda Kathy S AFTER DEA GIVE PAGES ITH FORM F Francis D. Hubbard 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) 212-88-9494 Francis D. Welch same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Gunshot wounds of back and shotgun wound of back DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR SAMMONTH DAY YEAR UNDERLYING X OR 5-12-82 CONTRIBUTING CAUSE OF DEATH sub iect shot during altercation 210 PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE NOT WHILE AT WORK 2 Box 168 Bryans Rd. Maryland AT WORK home Autapsy 220. I certify that I took charge of the remains described above, held on Inspection Inquiry Hamicide XX Undetermined manner death resulted Iram: Natural causes TITLE (SPECIFY) ACTUAL SIGNED-13-82 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Penn STreet 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 5-16-82 Charles Cemetery Burial Glymont Maryland Charles BP. 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5) Arehart Funeral Home La Plata Md 15M 2/80

A CALLE CONTROL STORMS

A CALL

Burlat I 5-16-82 St. Charles Ametery Signal : Newles Workland